

MDR Tracking Number: M4-03-8664-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-16-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 80012 on 8-13-02 and CPT code 85025 on 8-13-02.

III. RATIONALE

The MAR for CPT code 80012 is \$11.00. The insurance carrier has paid this amount.

The MAR for CPT code 85025 is \$14.00. The insurance carrier has paid this amount.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the insurance carrier has paid per the MAR in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003.

The above Findings and Decision are hereby issued this 29th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division